A 5173-1.2 U
vol. 2
3/25/72

NEW GROUP HEALTH INSURANCE POLICIES ISSUED IN 1981

Complete Tables

New Group Policies Issued in the First Three Months of 1981

Twentieth Annual Survey

Complete Tables of
Group Health Insurance Survey of 1981
Conducted by the Public Relations Division
of the Health Insurance Association of America

SCOPE OF THE STUDY

The survey consisted of a sample of new cases underwritten by reporting companies during the first three months of 1981. For purposes of this study, a new case consisted of one of the following:

a) a case underwritten for the first time by the reporting company; or

b) a case previously underwritten by the reporting company but in which the benefits had been changed by the addition, for the first time, of a basic hospital-medical, major medical (comprehensive or supplementary), dental, short-term, or long-term disability income benefits.

Additions in states in which short-term disability income benefits are required under state "Disability Benefit Laws" were not to be included if the benefits provided in the case did not exceed the limits required by law. However, additions in which the benefits provided did exceed the limits required by state law were included.

The addition of Accidental Death and Dismemberment benefits to a case was not to be considered as a changed case if this was the only change in coverage.

The sample consisted of either 250 cases written by each reporting company during the reporting period or 20% of its estimated new issues for the year, whichever was less. However, every case containing more than 500 employees was to be reported, and each of the other groups in the sample was to represent, if possible, at least 20% of the anticipated cases for the year. A keypunch advice sheet was completed for each case.

The total sample consisted of 4,120 new cases representing 492,219 employees and an estimated 642,569 dependents. Thus, an estimated total of 1,134,788 individuals was represented in the sample.

Fifty-one percent of the cases had less than 25 employees, 36% had between 25 and 99 employees, 10% had from 100 to 499 employees, and 3% had 500 or more employees. However, the cases with 500 or more employees covered 63% of the total employees in the sample. Cases with 100-499 employees had 18%, those with 25-99 employees covered 14%, while the less than 25 group had 5% of the total employees in the study.

It was found that 15% of the cases had some form of basic coverage, 21% had supplementary major medical, an additional 68% had comprehensive major medical, while 18% of the cases contained short-term disability income coverage and 5% had long-term disability income coverage. Thirty-seven out of every 100 cases contained more than one type of coverage.

LIST OF TABLES

Distribution by Size of Group	By Number of Cases		By Number of Employees	
	Table	Page	Table	Page
Total Cases	1	5	35	45
Contributory Status	2	5	36	45
Type of Coverage	3	6	37	46
Package Status After Addition of New Coverage	4	7	38	47
Dependent and Maternity Coverage	5	8	39	48
Basic Coverage				
Those covered by basic plans only				
Those covered by basic and major medical				
Maximum Daily Hospital Benefit	6	9	40	49
Maximum Number of Days of Hospital Confinement	7	10	41	50
Miscellaneous Hospital Expense Benefits Amount of Limit	8	11	42	51
Surgical Benefits - Type of Schedule and Maximum Schedule Benefit	9	12-13	43	52-53
Medical Expense Benefit - By Maximum Amount of Benefit	10	14	44	54
Diagnostic X-ray - Amount of Benefit	11	15	45	55
Average Benefits and Maximums Provided for Groups with 25-499 Lives by Region and State	12	16-18	46	56-58
Comprehensive Major Medical				
Type of Surgical Benefits, Coinsurance Rate, Maximum Amount of Benefit and Maximum Limit on Out-of-Pocket Expenses	13	19	47	59
Type and Amount of Deductible, Deductible Accumulation Period, and Benefit Period	14	20	48	60
Amount of Covered Expenses Subject to Full Reimbursement	15	21-22	49	61-62
Type of Daily Room and Board Limit	16	23	50	63
Type of Nervous or Mental Disorder Benefits	17	24	51	64
Supplementary Major Medical				
Type of Deductible, Coinsurance Rate, Maximum Amount of Benefit and Maximum Limit on Out-of-Pocket Expenses	18	25	52	65
Amount of Deductible, Deductible Accumulation Period, and Benefit Period	19	26	53	66
Type and Amount of Daily Room and Board Limit	20	27	54	67
Type of Nervous or Mental Disorder Benefits	21	28	55	68

	By Number of Cases		By Number of Employees	
	Table	Page	Table	Page
Nursing Home or Extended Care Facility Coverage	22	29	56	69
Home Health Care Coverage in Lieu of Hospitalization or Confinement in an Extended Care Facility	23	30	57	70
Cost Containment Features Contained in Medical Care Package	24	31-32	58	71-72
Dental Coverage - Type of Plan	25	33	59	73
Intensive Care Accommodations - Maximum Daily Benefit	26	34	60	74
Continuation Plans Contained in Medical Care Package	27	35-36	61	75-76
Short-term Disability Income Coverage				
Commencement and Duration of Benefit Period	28	37	62	77
Maximum Amount of Weekly Income Provided	29	38	63	78
Average Amount of Weekly Income Provided	30	39	64	79
Percentage of Income Provided	31	40	65	80
Long-term Disability Income Coverage				
Commencement and Duration of Benefit Period, Maximum and Average Monthly Income Benefits	32	41-42	66	81-82
Definition of Disability, Coverage for Partial Disability	33	43	67	83
Percentage of Income Provided, Offset Provisions, Payment for Rehabilitation	34	44	68	84

TABLE 1

Number of Group Health Insurance Cases Included in Sample

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,093	1,488	432	107	4,120
Cases written for first time	2,066	1,462	413	95	4,036
Additions to existing cases	27	26	19	12	84

TABLE 2

Number of Cases by Contributory Status

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,093	1,488	432	107	4,120
Employer Contribution Percentage					
00% (Employee pays entire premium)	283	71	22	10	386
01% - 09%	14	---	7	---	21
10 - 19	5	35	13	---	53
20 - 29	60	28	---	17	105
30 - 39	92	99	7	17	215
40 - 49	87	49	13	---	149
50 - 59	573	312	99	17	1,001
60 - 69	119	149	20	---	288
70 - 79	110	156	33	---	299
80 - 89	27	64	20	---	111
90 - 99	82	57	20	---	159
100% (Non-contributory)	641	468	178	46	1,333

TABLE 3

Number of Cases by Type of Coverage

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Totals by Specific Coverage	2,093	1,488	432	107	4,120
Basic	171	289	114	28	602
Hospital	159	266	109	25	559
Surgical	151	253	100	22	526
Regular Medical	137	232	84	18	471
In-hospital	137	232	84	18	471
In-office	1	12	17	3	33
In-home	1	11	17	3	32
Diagnostic X-ray and Laboratory	143	244	87	19	493
Dental	326	432	162	52	972
Supplementary Major Medical	354	350	119	29	852
Comprehensive Major Medical	1,657	927	192	37	2,813
Nursing Home	1,652	837	200	38	2,727
Short-Term Disability Income	272	330	102	25	729
Long-Term Disability Income	53	76	68	15	212

TABLE 4

Number of Cases by Type of Coverage in Package

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,093	1,488	432	107	4,120
Package Status After Addition of New Coverage					
Basic and Supplementary Major Medical	76	120	42	3	241
Basic and Supplementary Major Medical and Short-Term Disability Income	47	60	16	3	126
Comprehensive Major Medical	1,261	565	93	19	1,938
Supplementary Major Medical	164	53	12	2	231
Basic (Hospital and/or Surgical and/or Medical)	3	15	4	2	24
Short-Term Disability Income	35	75	25	3	138
Long-Term Disability Income	16	39	36	8	99
Basic and Short-Term Disability Income	---	1	---	---	1
Comprehensive Major Medical and Short-Term Disability Income	134	101	24	8	267
Supplementary Major Medical and Short-Term Disability Income	5	5	1	2	13
Combinations that Include Long-Term Disability but not Dental	26	22	17	5	70
Combinations that Include Dental Coverage	305	362	121	27	815
Dental Insurance Coverage	21	70	41	25	157

TABLE 5

Number of Cases with Dependent and Maternity Coverage
Contained in a Medical Care Package

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases with Medical Care Coverage	2,040	1,370	366	96	3,872
Dependent Coverage					
Yes	1,912	1,325	338	86	3,661
No	128	45	28	10	211
Total Cases with Medical Care Coverage*	2,015	1,295	322	70	3,702
Maternity Coverage					
None	595	41	10	2	648
Flat amount:					
Less than $500	2	3	1	1	7
$500 to $999	13	---	---	---	13
$1,000 or more	3	---	---	---	3
50% of full plan	2	1	1	---	4
51% - 99% of full plan	1	---	---	2	3
Full plan	1,139	1,156	281	53	2,629
Other	260	94	29	12	395

* Excludes employees with dental coverage only or disability income and dental only.

TABLE 6

Number of Cases with Basic Hospital Daily Room and Board Benefits
by Maximum Daily Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases*	159	266	109	25	559
Maximum Daily Benefit	45	25	13	4	87
$ 10 - $ 19	---	3	---	---	3
40 - 49	---	2	2	---	4
50 - 59	1	2	1	2	6
60 - 69	---	2	---	1	3
70 - 79	1	---	2	---	3
80 - 89	6	2	---	1	9
90 - 99	4	1	---	---	5
100 - 109	9	5	3	---	17
110 - 119	3	3	1	---	7
120 - 129	7	2	---	---	9
130 - 139	5	2	1	---	8
140 - 149	3	---	---	---	3
$150 or more	6	1	3	---	10
Median maximum daily benefit	$115	$101	$105	$60	$106
Full Payment	114	241	96	21	472
Semiprivate	114	241	95	21	471
Ward	---	---	1	---	1
* Total cases with basic coverage only	4	18	11	4	37
* Total cases with basic plus major medical coverage	155	248	98	21	522

TABLE 7

Number of Cases with Basic Hospital Room and Board Benefits
by Maximum Number of Days of Hospital Confinement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	159	266	109	25	559
Maximum Number of Days	138	249	107	25	519
20 - 29	---	1	---	--	1
30 - 39	7	25	5	2	39
60 - 79	34	54	22	11	121
90 - 109	3	---	1	--	4
120 - 129	38	77	29	4	148
150 - 159	1	---	1	--	2
180 - 189	5	2	2	--	9
300 - 319	---	---	3	--	3
360 or more	14	52	42	5	113
No maximum	36	38	2	3	79
No limit on number of days, but limit on amount	21	17	2	--	40

TABLE 8

Number of Cases with Basic Miscellaneous Hospital Expense Benefits
by Amount of Limit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	159	266	109	25	559
Full Reimbursement up to Maximum of:	138	249	107	25	519
Less than $500	---	2	---	1	3
$ 500 - $ 599	1	1	2	3	7
600 - 699	---	---	1	--	1
800 - 999	1	---	1	--	2
1,000 - 1,099	1	6	2	--	9
1,200 - 1,299	---	1	---	--	1
1,500 - 1,899	---	1	4	--	5
2,000 - 2,499	8	14	---	--	22
2,500 - 2,699	2	2	---	--	4
3,000 - 3,099	---	5	1	1	7
4,000 - 4,599	5	2	---	--	7
$5,000 or more	5	10	2	--	17
Without limit	115	205	94	20	434
Total Combined Maximum	21	17	2	--	40

TABLE 9

Number of Cases with Basic Surgical Expense Benefits
by Type of Schedule and Maximum Schedule Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	151	253	100	22	526
Industry Schedule Based on the 1947 Actuarial Study	1	2	---	--	3
Maximum Benefit:					
$ 300 - $ 399	---	1	---	--	1
800 - 899	1	---	---	--	1
$2,000 - $2,099	---	1	---	--	1
Industry Schedule Based on the 1957 Actuarial Study	2	1	4	--	7
Maximum Benefit:					
$ 200 - $ 299	---	---	1	--	1
300 - 399	---	---	1	--	1
700 - 799	---	1	---	--	1
1,000 - 1,099	---	---	1	--	1
1,200 - 1,299	1	---	---	--	1
1,500 - 1,599	1	---	---	--	1
$4,500 - $4,599	---	---	1	--	1
California Relative Value Schedule	109	137	28	9	283
Maximum Benefit:					
$ 400 - $ 499	---	---	1	--	1
500 - 599	---	1	2	--	3
600 - 799	---	1	---	1	2
800 - 999	1	1	4	--	6
1,000 - 1,099	9	15	3	2	29
1,200 - 1,299	5	8	1	1	15
1,400 - 1,599	9	19	3	--	31
1,600 - 1,999	12	25	5	1	43
2,000 - 2,499	29	30	3	2	64
2,500 - 2,899	6	10	1	--	17
3,000 - 3,699	8	14	1	1	24
4,000 - 4,599	1	6	1	--	8
4,800 - 5,299	10	5	---	--	15
6,000 - 6,699	6	---	---	--	6
$7,200 or more	13	1	1	--	15
No Maximum	---	1	2	1	4

TABLE 9 (Continued)

Number of Cases with Basic Surgical Expense Benefits
by Type of Schedule and Maximum Schedule Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
"Reasonable and Customary" Basis	39	109	57	7	212
Maximum Benefit:					
$ 300 - $ 399	---	---	---	1	1
600 - 699	---	1	---	--	1
1,000 - 1,099	---	1	1	--	2
$1,200 - $1,299	---	---	---	1	1
No Maximum	39	107	56	5	207
All Others	---	4	11	6	21
Maximum Benefit:					
$ 300 - $ 399	---	---	1	--	1
500 - 599	---	1	---	1	2
600 - 699	---	1	3	--	4
700 - 799	---	---	---	1	1
1,000 - 1,099	---	---	4	--	4
1,200 - 1,299	---	---	---	1	1
1,400 - 1,499	---	1	---	--	1
1,500 - 1,599	---	---	---	1	1
2,000 - 2,099	---	1	1	--	2
2,400 - 2,499	---	---	---	1	1
4,500 - 4,599	---	---	---	1	1
5,000 - 5,099	---	---	1	--	1
$6,000 - $6,099	---	---	1	--	1

TABLE 10

Number of Cases with Basic Medical Expense Benefits
by Type of Benefit and Maximum Amount of Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	137	232	84	18	471
Maximum Amount of Benefit					
In-hospital Cases	137	232	84	18	471
$ 5	5	11	6	--	22
6	1	1	1	--	3
7	1	14	3	--	18
8	1	8	2	1	12
9	12	8	1	1	22
10	30	47	16	6	99
11	10	2	2	--	14
12	1	7	---	1	9
$13 or more	55	65	25	5	150
Reasonable and customary	21	69	28	4	122
In-office Cases	1	12	17	3	33
$ 8	---	2	---	--	2
9	---	---	1	--	1
10	---	1	1	1	3
12	---	1	---	--	1
$13 or more	1	2	7	1	11
Reasonable and customary	---	6	8	1	15
In-home Cases	1	11	17	3	32
$ 6	---	1	---	--	1
7	---	---	---	--	---
8	---	2	---	--	2
9	---	---	1	--	1
10	---	---	1	1	2
11	---	---	---	--	---
12	---	1	---	--	1
$13 or more	1	1	7	1	10
Reasonable and customary	---	6	8	1	15

TABLE 11

Number of Cases with Basic Diagnostic X-ray Benefit
by Maximum Amount of Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	143	244	87	19	493
Maximum Amount of Benefit					
Single Limit					
$ 25	---	---	2	1	3
50	---	1	--	--	1
100	3	12	14	2	31
150	3	3	--	--	6
$200	1	6	2	2	11
More than $250	1	1	--	--	2
No limit	25	19	2	--	46
Overall Limit					
$ 25	---	---	--	1	1
50	2	4	5	1	12
75	---	5	--	--	5
100	35	63	17	4	119
150	8	17	4	3	32
200	53	53	15	3	124
$250	2	1	1	--	4
More than $250	10	18	3	1	32
No limit	---	41	22	1	64

TABLE 12

Distribution of Cases with 25 to 499 Lives for Selected Coverages, by Region and State[1/]

	Room & Board[2/]		Surgical[3/]		In-hospital[4/] Reg. Medical		Diagnostic X-ray & Laboratory		Major Medical Number of Cases		
	No. of Cases	Average Daily Benefit	No. of Cases	Average Maximum	No. of Cases	Average Maximum	No. of Cases	Most Common Maximum	Total	Comprehensive	Supplementary
NEW ENGLAND	--	---	2	$3,100	10	$13	14	$200	58	26	32
Connecticut	--	---	1	4,800	5	14	6	200	22	9	13
Maine	--	---	1	1,400	--	--	2	100	4	3	1
Massachusetts	--	---	--	---	5	12	5	100	23	8	15
New Hampshire	--	---	--	---	--	--	--	---	4	3	1
Rhode Island	--	---	--	---	--	--	--	---	1	1	---
Vermont	--	---	--	---	--	--	1	200	4	2	2
MIDDLE ATLANTIC	--	---	36	$1,814	39	$11	42	$100	175	60	115
New Jersey	--	---	10	1,960	11	9	10	100	42	15	27
New York	--	---	10	1,750	13	11	16	100	80	28	52
Pennsylvania	--	---	16	1,762	15	13	16	150	53	17	36
EAST NO. CENTRAL	9	$165	64	$2,028	64	$13	72	$100	278	155	123
Illinois	4	94	16	1,716	13	11	14	100	91	69	22
Indiana	2	425	12	2,067	10	15	13	100	44	27	17
Michigan	--	---	2	1,700	7	14	5	200	35	19	16
Ohio	2	106	33	2,217	33	13	39	100	96	37	59
Wisconsin	1	50	1	1,000	1	5	1	200	12	3	9
WEST NO. CENTRAL	9	$ 97	31	$1,735	32	$13	37	$100	181	122	59
Iowa	1	50	2	1,100	2	5	2	100	16	6	10
Kansas	1	120	2	3,400	2	10	4	200	24	19	5
Minnesota	4	89	11	1,573	12	17	16	100	57	35	22
Missouri	1	130	10	1,940	10	13	10	100	53	38	15
Nebraska	2	108	6	1,350	6	10	5	100	21	15	6

1/ Excluding cases not coded for state.
2/ Excluding plans which provide a basic room and board benefit of full payment for ward or semiprivate accommodations.
3/ Excluding plans which provide a basic surgical benefit on a "reasonable and customary" basis.
4/ Excluding plans with no limit or overall maximum.

TABLE 12 (Continued)

Distribution of Cases with 25 to 499 Lives for Selected Coverages, by Region and State[1/]

	Room & Board[2/]		Surgical[3/]		In-hospital[4/] Reg. Medical		Diagnostic X-ray & Laboratory		Major Medical Number of Cases		
	No. of Cases	Average Daily Benefit	No. of Cases	Average Maximum	No. of Cases	Average Maximum	No. of Cases	Most Common Maximum	Total	Comprehensive	Supplementary
WEST NO. CENTRAL (Continued)											
North Dakota	--	---	--	---	--	--	--	---	5	5	---
South Dakota	--	---	--	---	--	--	--	---	5	4	1
SOUTH ATLANTIC	2	$ 70	22	$2,118	18	$10	23	$100	257	213	44
Delaware	--	---	1	3,000	1	10	1	200	2	1	1
District of Columbia	--	---	2	2,500	1	10	2	100	6	3	3
Florida	--	---	2	1,600	2	7	2	75	86	84	2
Georgia	--	---	3	3,900	2	8	2	100	51	46	5
Maryland	--	---	4	1,700	4	11	6	200	14	6	8
North Carolina	1	60	4	1,425	1	15	3	100	37	30	7
South Carolina	1	80	2	1,500	3	11	3	200	24	20	4
Virginia	--	---	3	1,933	3	9	3	100	29	20	9
West Virginia	--	---	1	2,400	1	15	1	150	8	3	5
EAST SO. CENTRAL	2	$ 47	7	$2,014	5	$ 8	6	$200	102	88	14
Alabama	--	---	---	---	--	--	--	---	13	12	1
Kentucky	1	43	4	1,275	4	9	5	200	21	15	6
Mississippi	1	50	1	1,000	1	5	1	100	14	11	3
Tennessee	--	---	2	4,000	--	--	--	---	54	50	4
WEST SO. CENTRAL	7	$258	13	$2,238	17	$15	19	$100	240	186	54
Arkansas	2	138	2	2,900	1	10	2	200	7	4	3
Louisiana	--	---	2	1,500	3	7	5	100	26	20	6
Oklahoma	--	---	1	1,600	1	10	1	50	33	32	1
Texas	5	306	8	2,338	12	18	11	100	174	130	44

1/ Excluding cases not coded for state.
2/ Excluding plans which provide a basic room and board benefit of full payment for ward or semiprivate accommodations.
3/ Excluding plans which provide a basic surgical benefit on a "reasonable and customary" basis.
4/ Excluding plans with no limit or overall maximum.

TABLE 12 (Continued)

Distribution of Cases with 25 to 499 Lives for Selected Coverages, by Region and State[1/]

	Room & Board[2/]		Surgical[3/]		In-hospital[4/] Reg. Medical		Diagnostic X-ray & Laboratory		Major Medical Number of Cases		
	No. of Cases	Average Daily Benefit	No. of Cases	Average Maximum	No. of Cases	Average Maximum	No. of Cases	Most Common Maximum	Total	Comprehensive	Supplementary
MOUNTAIN	3	$ 68	5	$2,120	4	$ 9	5	$ 50	92	80	12
Arizona	1	90	2	3,450	1	8	1	250	29	28	1
Colorado	--	---	1	2,800	1	15	1	200	36	30	6
Idaho	--	---	--	---	--	--	--	---	2	2	---
Montana	1	45	1	600	1	7	1	100	3	2	1
Nevada	--	---	--	---	--	--	--	---	5	5	---
New Mexico	1	70	1	300	1	5	2	50	9	7	2
Utah	--	---	--	---	--	--	--	---	7	5	2
Wyoming	--	---	--	---	--	--	--	---	1	1	---
PACIFIC	3	$ 85	7	$2,071	6	$15	7	$150	205	189	16
Alaska	--	---	---	---	---	--	---	---	2	2	---
California	1	40	3	1,133	3	13	4	150	180	169	11
Hawaii	--	---	---	---	---	--	---	---	2	2	---
Oregon	--	---	1	1,000	1	10	1	200	10	8	2
Washington	2	108	3	3,367	2	19	2	150	11	8	3
TOTAL U.S.	35	$129	187	$1,979	195	$12	225	$100	1,588	1,119	469

1/ Excluding cases not coded for state.
2/ Excluding plans which provide a basic room and board benefit of full payment for ward or semiprivate accommodations.
3/ Excluding plans which provide a basic surgical benefit on a "reasonable and customary" basis.
4/ Excluding plans with no limit or overall maximum.

TABLE 13

Number of Cases with Comprehensive Major Medical Coverage
by Type of Surgical Benefit, Coinsurance Rate,
Maximum Amount of Benefit, and
Maximum Limit on Out-of-Pocket Expenses

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	1,657	927	192	37	2,813
Major Medical Type					
Benefit on unscheduled basis	1,403	864	180	37	2,484
Benefit on scheduled basis	254	63	12	--	329
Coinsurance Rate*					
80%	1,531	896	180	33	2,640
All others	126	31	12	4	173
Maximum Amount of Benefit					
$ 10,000	3	8	6	1	18
20,000	2	---	1	1	4
50,000	2	---	2	2	6
100,000	3	2	3	1	9
250,000	14	17	11	4	46
250,001 - 999,999	3	5	5	1	14
$1,000,000 and over	1,221	581	88	13	1,903
Unlimited	409	314	76	14	813
Maximum Limit on Out-of-Pocket Expenses in Benefit Year					
Less than $500	120	37	14	2	173
$ 500 - 999	1,038	511	81	14	1,644
1,000	169	122	17	4	312
1,001 - 1,499	74	17	10	1	102
1,500	19	13	2	--	34
1,501 - 1,999	---	3	---	--	3
2,000	20	44	5	--	69
2,001 - 4,999	66	34	16	3	119
$5,000 or more	12	9	6	1	28
No limit	139	137	41	12	329

* Exclusive of full payment area

TABLE 14

Number of Cases with Comprehensive Major Medical Coverage by Type and Amount of Deductible, Deductible Accumulation Period and Length of Benefit Period

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	1,657	927	192	37	2,813
Type of Deductible					
Single deductible	1,280	649	151	23	2,103
Less than $100	3	13	8	2	26
$100	1,109	527	107	16	1,759
150	18	14	4	1	37
200 - 250	57	32	14	3	106
300	40	17	2	0	59
$500 or more	53	46	16	1	116
Separate deductible types					
Hospital/other	106	105	13	6	230
$0/50	8	13	3	1	25
0/100	88	77	9	4	178
$0/more than $100	10	15	1	1	27
Hospital and surgical/other	55	49	9	2	115
$0/50	---	1	---	--	1
0/100	54	44	9	2	109
$0/more than $100	1	4	---	--	5
Other separate deductible types	216	124	19	6	365
Deductible Accumulation Period					
Less than 3 months	16	25	11	4	56
3 months	1	2	---	--	3
6 months	2	---	---	--	2
1 year	1,636	891	178	33	2,738
More than 1 year	1	8	2	--	11
No deductible	1	1	1	--	3
Length of Benefit Period					
Less than 1 year	2	9	6	0	17
1 year	1,654	918	186	37	2,795
No time limit	1	---	---	--	1

TABLE 15

Number of Cases with Comprehensive Major Medical Coverage
by Amount of Covered Expenses Subject to Full Reimbursement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	1,657	927	192	37	2,813
No full payment area	1,357	689	136	20	2,202
Full payment area	300	238	56	17	611
Hospital room and board only	10	11	1	1	23
$5,000	1	1	1	--	3
More than $10,000	6	9	---	--	15
No full payment area	3	1	---	1	5
Hospital miscellaneous only	16	19	---	--	35
All Hospital	112	137	23	9	281
$ 500	1	1	2	2	6
1,000	10	8	3	--	21
2,000	24	35	4	4	67
3,000	3	2	1	1	7
4,000	1	6	---	--	7
5,000	28	31	4	2	65
$10,000	4	3	1	--	8
More than $10,000	31	41	7	--	79
No full payment area	10	10	1	--	21
Surgical only - Scheduled basis	1	---	---	1	2
$3,000	---	---	---	1	1
No full payment area	1	---	---	--	1
Surgical only - Nonscheduled basis	1	3	4	1	9
Less than $5,000	---	1	4	1	6
$5,000 or more	1	2	---	--	3
All hospital plus surgical - scheduled basis	25	21	9	--	55
$2,000	---	5	3	--	8
4,000	1	3	1	--	5
5,000	12	10	3	--	25
$7,500	12	3	---	--	15
More than $10,000	---	---	2	--	2

TABLE 15 (Continued)

Number of Cases with Comprehensive Major Medical Coverage
by Amount of Covered Expenses Subject to Full Reimbursement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
All hospital plus surgical - non-scheduled basis	135	47	19	5	206
$ 500	1	2	2	1	6
1,000	---	2	---	1	3
2,000	10	20	5	1	36
3,000	1	4	1	--	6
4,000	---	---	1	--	1
5,000	---	3	4	--	7
$10,000	---	---	---	2	2
More than $10,000	118	12	5	--	135
No full payment area	5	4	1	--	10

TABLE 16

Number of Cases with Comprehensive Major Medical Coverage
by Type of Daily Room and Board Limit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	1,657	927	192	37	2,813
Without daily room and board limit	68	31	13	4	116
With daily room and board limit	1,589	896	179	33	2,697
Private only	739	400	103	18	1,260
Less than $50	1	---	---	--	1
$70 - 79	---	1	---	--	1
$100 or more	---	1	---	--	1
Average ward rate	---	1	1	--	2
Average ward rate plus a dollar amount	---	1	---	--	1
Average semiprivate rate	489	268	76	15	848
Average semiprivate rate plus a dollar amount	139	74	19	3	235
Other	108	54	7	--	169
No limit	2	---	---	--	2
Semiprivate and private	638	409	62	14	1,123
Less than $50	1	2	---	--	3
$ 60 - $69	1	---	---	--	1
70 - 79	2	---	---	--	2
80 - 89	1	---	---	--	1
90 - 99	4	---	---	--	4
$100 or more	17	5	2	--	24
Average ward rate	1	---	---	--	1
Average semiprivate rate	423	347	51	10	831
Average semiprivate rate plus a dollar amount	---	24	6	3	33
Other	---	1	2	1	4
No limit	188	30	1	--	219
All accommodations	212	87	14	1	314
Less than $50	---	1	---	--	1
$ 80 - 89	2	---	---	--	2
90 - 99	7	---	1	--	8
$100 or more	59	14	---	--	73
Average semiprivate rate	142	71	13	1	227
Average semiprivate rate plus a dollar amount	---	1	---	--	1
No limit	2	---	---	--	2

TABLE 17

Number of Cases with Comprehensive Major Medical Coverage
by Type of Nervous or Mental Disorder Benefits

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	1,657	927	192	37	2,813
Disorders Not Covered	79	38	5	--	122
Disorders Covered for Full Plan Benefits	952	532	129	29	1,642
Whether or not confined in hospital	13	9	3	--	25
While confined in hospital with reduced or limited benefits while not confined in hospital	933	520	119	25	1,597
While confined in hospital only	---	3	3	3	9
While confined in hospital or totally disabled outside of hospital but with reduced or limited benefits if out of hospital and not totally disabled	6	---	4	1	11
Disorders Covered for Reduced or Limited Benefits	626	357	58	8	1,049
Whether or not confined in hospital	626	357	58	8	1,049

TABLE 18

Number of Cases with Supplementary Major Medical Coverage
by Type of Surgical Benefit, Coinsurance Rate,
Maximum Amount of Benefit, and Maximum Limit on Out-of-Pocket Expenses

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	354	350	119	29	852
Major Medical Type					
Corridor deductible superimposed on reporting company's basic plan	149	246	85	17	497
Corridor deductible superimposed on another carrier's basic plan	180	83	19	5	287
Integrated deductible superimposed on reporting company's basic plan	---	14	13	6	33
Integrated deductible superimposed on another carrier's basic plan	25	7	2	1	35
Coinsurance Rate*					
80%	220	310	108	27	665
All others	134	40	11	2	187
Maximum Amount of Benefit					
$ 10,000	1	3	2	--	6
20,000	---	1	3	1	5
50,000	---	1	3	4	8
100,000	---	6	5	--	11
250,000	3	14	18	9	44
250,001 - 999,999	1	2	6	3	12
$1,000,000 and over	226	238	38	9	511
Unlimited	123	85	44	3	255
Maximum Limit on Out-of-Pocket Expenses in Benefit Year	354	350	119	29	852
Less than $500	141	46	10	1	198
$ 500 - 999	183	212	39	4	438
1,000	9	15	7	3	34
1,001 - 1,499	1	12	6	--	19
1,500	---	---	1	1	2
1,501 - 1,999	---	2	3	--	5
2,000	---	9	6	2	17
2,001 - 4,999	7	24	12	3	46
$5,000 or more	---	4	5	2	11
No limit	13	26	30	13	82

* Exclusive of full payment area.

TABLE 19

Number of Cases with Supplementary Major Medical Coverage
by Amount of Deductible, Deductible Accumulation Period
and Length of Benefit Period

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	354	350	119	29	852
Type of Deductible					
Single deductible	264	320	114	27	725
$ 50	2	10	9	3	24
75	---	---	1	2	3
100	249	300	94	20	663
$150 and over	13	10	10	2	35
Separate deductible types	90	30	5	2	127
Hospital/other					
$0/100	36	16	1	--	53
Hospital and surgical/other					
$0/100	2	2	---	--	4
$0/300	---	---	1	--	1
Other separate deductible types	52	12	3	2	69
Deductible Accumulation Period					
Less than 3 months	1	4	3	3	11
3 months	2	---	---	--	2
6 months	---	1	1	--	2
1 year	350	341	109	25	825
More than 1 year	1	4	6	1	12
Length of Benefit Period					
Less than 1 year	---	1	1	--	2
1 year	354	348	118	29	849
More than 1 year	---	1	---	--	1

TABLE 20

Number of Cases with Supplementary Major Medical Coverage
by Type and Amount of Daily Room and Board Limit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	354	350	119	29	852
Without daily room and board limit	3	6	8	3	20
With daily room and board limit	351	344	111	26	832
Private only	215	177	60	17	469
$99 - $99	---	---	---	1	1
$100 or more	---	---	1	--	1
Average semiprivate rate	154	96	44	11	305
Average semiprivate rate plus a dollar amount	21	42	12	4	79
Other	40	39	3	1	83
Semiprivate and private	60	67	38	8	173
Less than $50	---	1	---	--	1
$ 50 - $59	---	1	---	--	1
90 - 99	1	---	---	--	1
$100 or more	2	---	---	--	2
Average semiprivate rate	43	52	32	5	132
Average semiprivate rate plus a dollar amount	---	5	1	1	8
Other	---	4	4	1	9
No limit	14	3	1	1	19
All accommodations	76	100	13	1	190
Less than $50	---	1	---	--	1
$ 50 - $59	1	---	---	--	1
80 - 89	2	2	---	--	4
90 - 99	2	---	---	--	2
$100 or more	24	1	1	--	26
Average semiprivate rate	47	95	12	1	155
Average semiprivate rate plus a dollar amount	---	1	---	--	1

TABLE 21

Number of Cases with Supplementary Major Medical Coverage
by Type of Nervous or Mental Disorder Benefits

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	354	350	119	29	852
Disorders Not Covered	83	13	5	--	101
Disorders Covered for Full Plan Benefits	156	207	82	19	464
Whether or not confined in hospital	---	3	5	3	11
While confined in hospital with reduced or limited benefits while not confined in hospital	156	203	73	13	445
While confined in hospital only	---	1	2	--	3
While confined in hospital or totally disabled outside of hospital but with reduced or limited benefits if out of hospital and not totally disabled	---	---	2	3	5
Disorders Covered for Reduced or Limited Benefits	115	130	32	10	287
Whether or not confined in hospital	115	130	30	9	284
While confined in hospital only	---	---	2	1	3

TABLE 22

Number of Cases with Nursing Home or Extended Care Facility Coverage
by Maximum Daily Benefit and Maximum Number of Days of Hospital Confinement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	1,652	837	200	38	2,727
Maximum Daily Benefit	1,013	459	106	29	1,607
$10 - $19	---	1	---	1	2
20 - 29	6	9	---	2	17
30 - 39	753	185	78	22	1,038
40 - 49	31	65	9	3	108
50 - 59	135	117	13	1	266
60 - 69	45	43	4	--	92
70 - 79	19	18	1	--	38
80 - 89	14	18	---	--	32
$90 - $99	10	3	1	--	14
Semiprivate Charge	282	253	78	8	621
All Others	357	125	16	1	499
Maximum Number of Days					
Less than 30	127	11	---	--	138
30 - 59	6	56	21	3	86
60 - 79	334	275	67	20	696
90 - 109	365	125	22	6	518
120 - 169	434	158	43	5	640
180 - 329	230	44	13	2	289
360 or more	156	168	34	2	360

TABLE 23

Number of Cases with Home Health Care Coverage
in Lieu of Hospitalization or Confinement
in an Extended Care Facility

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,015	1,295	322	70	3,702
Not Covered	1,010	855	219	58	2,142
Services Covered	1,005	440	103	12	1,560
Physician Services Only	---	---	1	--	1
Physician and Nursing Services Only	1	---	3	--	4
Physician and Therapy Services Only	127	21	8	1	157
Physician, Nursing and Therapy Services	876	417	87	11	1,391
Therapy Services Only	1	2	4	--	7

TABLE 24

Number of Cases with Cost Containment Features Contained in a Medical Care Package, by Type of Feature

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,015	1,295	322	70	3,702
Prescription Drug Reimbursement					
Generic drugs only	---	---	5	1	6
Higher reimbursement rate for generic drugs	11	12	3	--	26
Same reimbursement rate generic and brand-name drugs	1,754	1,170	267	62	3,253
Not covered	250	113	47	7	417
Second-Opinion for Non-emergency Surgery					
Second opinion only covered:					
Required	---	1	1	1	3
Surgery reimbursed at higher rate if second opinion obtained	---	7	4	4	15
No difference in reimbursement	528	450	62	18	1,058
Third opinion covered:					
At least second opinion required	---	---	3	--	3
Surgery reimbursed at higher rate if second opinion obtained	---	3	1	1	5
No difference in reimbursement	988	493	156	24	1,661
Not covered	499	341	95	22	957
Out-Patient Surgery					
Reimbursed at higher percentage than in-hospital	31	38	9	1	79
Reimbursed at same percentage as in-hospital	1,776	1,119	287	67	3,249
Not covered	208	138	26	2	374

TABLE 24 (Continued)

Number of Cases with Cost Containment Features Contained in a Medical Care Package, by Type of Feature

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Pre-Admission Testing					
Covered	1,418	940	264	57	2,679
Not covered	597	355	58	13	1,023
Para-Medical Services					
Covered	735	306	46	9	1,096
Not covered	1,280	989	276	61	2,606
Hospice or Terminal Illness Center Care in Lieu of Hospitalization					
Reimbursed at same percentage as hospital confinement	271	146	52	18	487
Reimbursed at lower percentage than hospital confinement	272	247	92	17	628
Not covered	1,472	902	178	35	2,587

TABLE 25

Number of Cases with Dental Insurance Coverage by Type of Plan

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	326	432	162	52	972
Schedule Benefit -- dollar limit on dental expenses for each procedure performed	5	2	3	4	14
Combination -- schedule dollar limit on dental expenses plus a deductible on some or all types of dental expenses. Eligible expenses reimbursed at 100% or some other rate of reimbursement	84	85	33	12	214
Comprehensive -- coinsurance on covered expenses after an initial deductible with a maximum annual benefit of:					
Less than $250	7	14	2	3	26
$ 250 - 499	1	---	---	--	1
500 - 749	11	7	7	4	29
750 - 999	28	31	4	2	65
1,000 - 1,999	180	263	103	23	569
$2,000 or more	3	14	7	1	25
No limit	7	16	3	3	29

TABLE 26

Number of Cases with Intensive Care Accommodation Benefits Contained in a Medical Care Package by Maximum Daily Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,015	1,295	322	70	3,702
Maximum Daily Benefit					
Less than $100	---	4	2	--	6
$100 - $119	1	---	---	--	1
120 - 139	1	---	---	--	1
160 - 179	---	1	1	--	2
180 - 199	2	1	---	--	3
200 - 299	57	28	4	1	90
$300 or more	237	175	30	3	445
Same as hospital daily room and board benefits	943	681	208	39	1,871
No limit	774	405	77	27	1,283

TABLE 27

Number of Cases with Continuation Plans Contained
in a Medical Care Package by Type of Plan and Type of Coverage

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	2,040	1,370	366	96	3,872
Type of Continuation Plans					
Continuation available by conversion only:	1,722	1,001	231	40	2,994
1. for all terminations	1,107	605	150	26	1,888
2. for terminations other than retirement	533	341	57	13	944
3. for retirement only	82	55	24	1	162
Continuation available under group plan at retirement only	16	1	---	1	18
Continuation available under group plan at retirement or by conversion for all terminations	151	138	39	8	336
Continuation available under group plan at retirement or by conversion for other than retirement	37	83	39	15	174
Continuation available both under group plan or by conversion to an individual policy at retirement only	2	1	1	--	4
No provision for continuation	112	146	56	32	346

TABLE 27 (Continued)

Number of Cases with Continuation Plans Contained
in a Medical Care Package by Type of Plan and Type of Coverage

Type of Coverage	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Under individual policy of conversion	2,040	1,370	366	96	3,872
Hospital or surgical only	7	1	2	1	11
Hospital and surgical only	507	505	97	24	1,133
Hospital and surgical and medical only	486	334	61	9	890
Surgical and medical only	8	12	1	--	21
Some form of basic coverage and supplementary major medical	291	163	89	13	556
Comprehensive major medical	613	208	60	16	897
None	128	147	56	33	364
Under group continuation plan for retirees	2,040	1,370	366	96	3,872
Supplementary to Medicare	206	216	73	24	519
Not supplementary to Medicare	---	7	6	--	13
None	1,834	1,147	287	72	3,340

TABLE 28

Number of Cases with Short-Term* Disability Income Coverage by Day of Commencement of Benefit for Accident and Sickness and Duration of Benefit Period

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	272	330	102	25	729
Commencement of Benefit for:					
Accident (day) / Sickness (day)					
13-Week Duration Plans	22	50	23	9	104
1 / 1	4	1	3	--	8
1 / 4	17	37	16	7	77
8 / 8	---	5	3	2	10
14 / 14	1	6	1	--	8
All others	---	1	---	--	1
26-Week Duration Plans	241	261	73	13	588
1 / 1	17	15	6	1	39
1 / 4	1	1	---	--	2
1 / 8	200	212	50	7	469
1 / 14	1	2	3	1	7
8 / 8	8	14	7	3	32
14 / 14	14	16	7	--	37
All others	---	1	---	1	2
52- and 104-Week Duration Plans	9	19	6	3	37
1 / 1	2	3	1	--	6
1 / 8	6	11	2	1	20
8 / 8	---	1	---	--	1
All others	1	4	3	2	10

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 7 cases covered under a 104-week plan.

TABLE 29

Number of Cases with Short-Term* Disability Income Coverage
by Maximum Amount of Weekly Income Provided

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	272	330	102	25	729
13-Week Plans	22	50	23	9	104
Less than $70	5	5	5	1	16
$ 70 - $ 89	---	7	3	1	11
90 - 109	3	6	4	1	14
110 - 129	1	2	4	--	7
150 - 169	---	7	---	--	7
170 - 199	---	---	---	1	1
200 - 249	4	6	1	4	15
250 - 299	1	5	4	--	10
$300 or more	8	12	2	1	23
26-Week Plans	241	261	73	13	588
Less than $70	30	41	9	4	84
$ 70 - $ 89	8	12	10	2	32
90 - 109	49	44	11	1	105
110 - 129	8	14	6	1	29
130 - 149	1	7	3	--	11
150 - 169	24	32	4	3	63
170 - 199	2	1	1	--	4
200 - 249	26	25	8	2	61
250 - 299	27	33	7	--	67
$300 or more	66	52	14	--	132
52- and 104-Week Plans	9	19	6	3	37
Less than $70	---	2	---	--	2
$ 70 - $ 89	---	1	---	--	1
90 - 109	1	2	1	--	4
110 - 129	---	3	---	1	4
130 - 149	---	---	1	--	1
150 - 169	---	2	---	--	2
200 - 249	3	3	2	1	9
250 - 299	1	3	2	--	6
$300 or more	4	3	---	1	8

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 7 cases covered under a 104-week plan.

TABLE 30

Number of Cases with Short-Term* Disability Income Coverage
by Average Amount of Weekly Income Provided

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	272	330	102	25	729
13-Week Plans	22	50	23	9	104
Less than $40	7	12	4	2	25
$ 40 - $ 59	2	4	3	--	9
60 - 79	1	5	6	2	14
80 - 99	2	8	4	--	14
110 - 119	1	5	2	--	8
120 - 139	---	2	2	2	6
140 - 159	4	3	1	--	8
160 - 179	3	1	---	2	6
180 - 199	1	4	---	--	5
$200 or more	1	6	1	1	9
26-Week Plans	241	261	73	13	588
Less than $40	105	74	27	6	212
$ 40 - $ 59	4	17	2	1	24
60 - 79	12	19	10	2	43
80 - 99	20	34	6	--	60
110 - 119	17	22	10	--	49
120 - 139	17	26	7	1	51
140 - 159	38	19	3	2	62
160 - 179	8	14	5	--	27
180 - 199	4	16	---	--	20
$200 or more	16	20	3	1	40
52- and 104-Week Plans	9	19	6	3	37
Less than $40	6	5	1	--	12
$ 80 - $ 99	---	2	1	--	3
110 - 119	1	4	1	--	6
120 - 139	---	4	1	1	6
140 - 159	1	3	2	1	7
$200 or more	1	1	---	1	3

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 7 cases covered under a 104-week plan.

TABLE 31

Number of Cases with Short-Term* Disability Income Coverage
by Percentage of Income Provided

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	272	330	102	25	729
13-Week Plans	22	50	23	9	104
Less than 20%	---	2	1	--	3
20-30%	---	1	1	--	2
35-45%	2	2	---	--	4
50%	---	1	6	3	10
60%	5	13	4	1	23
66-67%	8	22	8	5	43
70%	7	9	2	--	18
100%	---	---	1	--	1
26-Week Plans	241	261	73	13	588
Less than 20%	16	18	6	2	42
20-30%	4	4	1	--	9
35-40%	1	2	---	--	3
50%	7	10	12	2	31
55%	---	1	1	--	2
60-63%	62	67	24	2	155
66-67%	90	117	27	5	239
70%	61	41	2	2	106
75%	---	1	---	--	1
52- and 104-Week Plans	9	19	6	3	37
40%	---	1	---	--	1
50%	---	1	1	--	2
60%	1	7	2	--	10
66-67%	4	9	2	2	17
70%	4	1	1	1	7

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 7 cases covered under a 104-week plan.

TABLE 32

Number of Cases with Long-Term* Disability Income Coverage
by Commencement and Duration of Benefit Period, and
Maximum and Average Monthly Income Benefits

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	53	76	68	15	212
Commencement of Benefit Period					
First day	--	--	1	1	2
30 days or 1 month	4	4	2	0	10
60 days or 2 months	1	2	2	1	6
90 days or 3 months	12	33	26	7	78
180 days or 6 months	36	35	35	5	111
All others	--	2	2	1	5
Duration of Benefit Period					
Accident / Sickness					
2 years / 2 years	14	8	6	1	29
5 years / 5 years	--	--	--	1	1
To age 65 / 2 years	--	1	--	--	1
To age 65 / 5 years	--	--	1	--	1
To age 65 / To age 65	39	62	59	13	173
To age 65 / Lifetime	--	2	2	--	4
Lifetime / To age 65	--	3	--	--	3
Maximum Monthly Benefit					
Less than $500	1	--	--	--	1
$ 500 - 749	--	2	--	--	2
750 - 999	1	--	--	--	1
1,000 - 1,249	2	4	5	--	11
1,250 - 1,499	2	1	2	--	5
1,500 - 1,749	32	11	13	6	62
1,750 - 1,999	1	1	1	--	3
2,000 - 2,249	11	28	9	1	49
$2,250 or more	3	29	38	8	78

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 32 (Continued)

Number of Cases with Long-Term* Disability Income Coverage
by Commencement and Duration of Benefit Period, and
Maximum and Average Monthly Income Benefits

Average Monthly Benefit					
Less than $200	--	--	1	--	1
$200 - $299	--	--	1	1	2
300 - 399	1	1	2	--	4
400 - 499	1	--	--	--	1
500 - 599	21	16	33	6	76
600 - 699	2	3	3	--	8
700 - 799	15	16	4	3	38
800 - 899	2	7	5	1	15
$900 or more	11	33	19	4	67

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 33

Number of Cases with Long-Term* Disability Income Coverage
by Definition of Total Disability and Coverage for Partial Disability

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	53	76	68	15	212
Definition of Disability					
Inability to engage in one's occupation throughout the period of disability	13	11	6	1	31
Inability to engage in one's occupation for an initial period and inability to engage in any occupation for which reasonably suited by education, training or experience for the remainder of the benefit period	38	62	60	11	171
Inability to engage in any occupation for which reasonably suited by education, training or experience	1	3	1	3	8
Inability to engage in any gainful occupation	1	--	1	--	2
Coverage for Partial Disability					
Covered only if preceded by a period of total disability	10	17	13	3	43
Covered throughout the benefit period	14	6	6	--	26
Not covered	29	53	49	12	143

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 34

Number of Cases with Long-Term* Disability Income Coverage by Percentage of Income Provided, Offset Provisions and Payment for Rehabilitation

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Cases	53	76	68	15	212
Percent of Income Provided					
25%	--	--	--	1	1
50%	3	6	6	1	16
60%	31	50	48	11	140
66-67%	11	18	14	2	45
70%	8	2	--	--	10
Offset Provisions					
Total Social Security benefit (or percentage thereof) only	4	30	8	4	46
Primary Social Security benefit (or percentage thereof) only	18	16	9	1	44
All government disability plans	7	11	27	4	49
All government and private disability plans	24	17	24	6	71
None	--	2	--	--	2
Payment for Rehabilitation					
Paid only if under physician's care	12	16	12	5	45
Paid if prescribed by physician but only if provided by physician or rehabilitation specialist	34	23	23	3	83
Paid if prescribed by physician and provided at nonmedical facility	2	2	2	--	6
Not covered	5	35	31	7	78

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 35

Number of Employees Included in Sample

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	23,325	69,811	87,790	311,293	492,219
Cases written for first time	22,903	68,639	82,769	272,351	446,662
Additions to existing cases	422	1,172	5,021	38,942	45,557

TABLE 36

Number of Employees Covered by Contributory Status of Cases

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	23,325	69,811	87,790	311,293	492,219
Employer Contribution Percentage					
00% (Employee pays entire premium)	1,942	3,424	5,114	29,753	40,233
01% - 09%	160	---	956	---	1,116
10 - 19	51	1,696	1,798	---	3,545
20 - 29	758	1,397	---	36,205	38,360
30 - 39	1,258	3,592	722	103,042	108,614
40 - 49	1,149	1,976	2,866	---	5,991
50 - 59	6,869	13,982	20,147	30,089	71,087
60 - 69	1,659	7,386	2,695	---	11,740
70 - 79	1,273	6,876	6,533	---	14,682
80 - 89	500	3,495	4,727	---	8,722
90 - 99	649	2,984	4,395	---	8,028
100% (Non-contributory)	7,057	23,003	37,837	112,204	180,101

TABLE 37

Number of Employees by Type of Coverage

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Totals by Specific Coverage	23,325	69,811	87,790	311,293	492,219
Basic	2,280	14,246	24,530	72,228	113,284
Hospital	2,089	13,107	23,367	69,840	108,403
Surgical	1,984	12,235	22,054	52,578	88,851
Regular Medical	1,902	11,144	17,721	48,221	78,988
In-hospital	1,902	11,144	17,721	48,221	78,988
In-office	15	589	3,279	2,936	6,819
In-home	15	551	3,279	2,936	6,781
Diagnostic X-ray and Laboratory	1,984	11,607	18,950	49,710	82,251
Dental	4,838	20,200	35,288	138,805	199,131
Supplementary Major Medical	3,924	16,608	23,868	78,645	123,045
Comprehensive Major Medical	18,217	42,030	37,381	135,903	233,531
Nursing Home	16,713	38,72[illegible]	38,463	154,173	248,078
Short-Term Disability Income	3,691	15,897	21,050	94,242	134,880
Long-Term Disability Income	597	3,993	14,667	28,376	47,633

TABLE 38

Number of Employees by Type of Coverage in Package

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	23,325	69,811	87,790	311,293	492,219
Package Status After Addition of New Coverage					
Basic and Supplementary Major Medical	855	6,079	9,007	14,034	29,975
Basic and Supplementary Major Medical and Short-Term Disability Income	687	2,712	2,907	9,200	15,506
Comprehensive Major Medical	12,832	25,743	17,240	62,498	118,313
Supplementary Major Medical	1,352	2,187	1,617	7,640	12,796
Basic (Hospital and/or Surgical and/or Medical)	45	852	1,070	3,117	5,084
Short-Term Disability Income	476	3,961	4,498	2,253	11,188
Long-Term Disability Income	254	2,035	7,599	7,041	16,929
Basic and Short-Term Disability Income	---	95	---	---	95
Comprehensive Major Medical and Short-Term Disability Income	1,724	4,529	4,738	46,885	57,876
Supplementary Major Medical and Short-Term Disability Income	73	241	104	3,464	3,882
Combinations that Include Long-Term Disability but not Dental	189	1,177	3,722	16,356	21,444
Combinations that Include Dental Coverage	4,532	16,631	25,988	60,288	107,439
Dental Insurance Coverage	306	3,569	9,300	78,517	91,692

TABLE 39

Distribution of Number of Employees with Dependent and Maternity Coverage Contained in a Medical Care Package

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees with Medical Care Coverage	22,574	63,622	74,332	301,999	462,527
Dependent Coverage					
Yes	21,587	61,268	68,389	277,135	428,379
No	987	2,354	5,943	24,864	34,148
Total Employees with Medical Care Coverage*	22,188	59,689	64,261	220,285	366,423
Maternity Coverage					
None	3,234	1,695	2,253	2,620	9,802
Flat amount:					
Less than $500	25	133	463	630	1,251
$500 to $999	46	---	---	---	46
$1,000 or more	15	---	---	---	15
50% of full plan	33	29	185	---	247
51% - 99% of full plan	5	---	---	18,385	18,390
Full plan	15,560	53,150	55,344	168,265	292,319
Other	3,270	4,682	6,016	30,385	44,353

* Excludes employees with dental coverage only or disability income and dental only.

TABLE 40

Number of Employees with Basic Daily Room and Board Benefits
by Maximum Daily Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees*	2,089	13,107	23,367	69,840	108,403
Maximum Daily Benefit	658	1,286	2,782	15,278	20,004
$ 10 - $ 19	---	180	---	---	180
40 - 49	---	115	492	---	607
50 - 59	13	97	172	2,533	2,815
60 - 69	---	82	---	11,381	11,463
70 - 79	19	---	584	---	603
80 - 89	97	82	---	1,364	1,543
90 - 99	52	68	---	---	120
100 - 109	131	171	537	---	839
110 - 119	49	201	153	---	403
120 - 129	113	112	---	---	225
130 - 139	66	153	184	---	403
140 - 149	41	---	---	---	41
$150 or more	77	25	660	---	762
Median maximum daily benefit	$ 113	$ 101	$ 103	$ 64	$ 66
Full Payment	1,431	11,821	20,585	54,562	88,399
Semiprivate	1,431	11,821	20,273	54,562	88,087
Ward	---	---	312	---	312
* Total employees with basic coverage only	47	1,051	3,012	5,737	9,847
* Total employees with basic plus major medical coverage	2,042	12,056	20,355	64,103	98,556

TABLE 41

Number of Employees with Basic Hospital Room and Board Benefits
by Maximum Number of Days of Hospital Confinement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	2,089	13,107	23,367	69,840	108,403
Maximum Number of Days	1,867	12,195	22,761	69,840	106,663
20 - 29	---	25	---	---	25
30 - 39	105	1,168	1,355	8,150	10,778
60 - 79	459	2,705	3,978	42,059	49,201
90 - 109	46	---	320	---	366
120 - 129	435	3,803	6,010	5,485	15,733
150 - 159	17	---	172	---	189
180 - 189	48	181	580	---	809
300 - 319	---	---	693	---	693
360 or more	246	2,654	8,908	11,595	23,403
No maximum	511	1,659	745	2,551	5,466
No limit on number of days, but limit on amount	222	912	606	---	1,740

TABLE 42

Number of Employees with Basic Miscellaneous Hospital Expense Benefits
by Amount of Limit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	2,089	13,107	23,367	69,840	108,403
Full Reimbursement up to Maximum of:	1,867	12,195	22,761	69,840	106,663
Less than $500	---	95	---	1,200	1,295
$ 500 - $ 599	14	50	506	3,792	4,362
600 - 699	---	---	370	---	370
800 - 999	20	---	365	---	385
1,000 - 1,099	22	313	443	---	778
1,200 - 1,299	---	50	---	---	50
1,500 - 1,899	---	75	709	---	784
2,000 - 2,499	132	700	---	---	832
2,500 - 2,699	34	113	---	---	147
3,000 - 3,099	---	226	102	650	978
4,000 - 4,599	64	115	---	---	179
$5,000 or more	86	436	371	---	893
Without limit	1,495	10,022	19,895	64,198	95,610
Total Combined Maximum	222	912	606	---	1,740

TABLE 43

Number of Employees with Basic Surgical Expense Benefits
by Type of Schedule and Maximum Schedule Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	1,984	12,235	22,054	52,578	88,851
Industry Schedule Based on the 1947 Actuarial Study	20	82	---	---	102
Maximum Benefit:					
$ 300 - $ 399	---	52	---	---	52
800 - 899	20	---	---	---	20
$2,000 - $2,099	---	30	---	---	30
Industry Schedule Based on the 1957 Actuarial Study	21	39	1,064	---	1,124
Maximum Benefit:					
$ 200 - $ 299	---	---	227	---	227
300 - 399	---	---	370	---	370
700 - 799	---	39	---	---	39
1,000 - 1,099	---	---	263	---	263
1,200 - 1,299	11	---	---	---	11
1,500 - 1,599	10	---	---	---	10
$4,500 - $4,599	---	---	204	---	204
California Relative Value Schedule	1,437	6,353	6,022	37,937	51,749
Maximum Benefit:					
$ 400 - $ 499	---	---	100	---	100
500 - 599	---	72	466	---	538
600 - 799	---	48	---	630	678
800 - 999	17	95	757	---	869
1,000 - 1,099	133	765	823	1,568	3,289
1,200 - 1,299	78	445	172	11,381	12,076
1,400 - 1,599	131	861	752	---	1,744
1,600 - 1,999	191	1,137	1,136	569	3,033
2,000 - 2,499	415	1,318	838	15,500	18,071
2,500 - 2,899	87	374	130	---	591
3,000 - 3,699	129	641	121	889	1,780
4,000 - 4,599	15	312	141	---	468
4,800 - 5,299	87	224	---	---	311
6,000 - 6,699	68	---	---	---	68
$7,200 or more	86	36	118	---	240
No Maximum	---	25	468	7,400	7,893

TABLE 43 (Continued)

Number of Employees with Basic Surgical Expense Benefits
by Type of Schedule and Maximum Schedule Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
"Reasonable and Customary" Basis	506	5,559	12,527	7,093	25,685
Maximum Benefit:					
$ 300 - $ 399	---	---	---	1,478	1,478
600 - 699	---	72	---	---	72
1,000 - 1,099	---	73	141	---	214
$1,200 - $1,299	---	---	---	757	757
No Maximum	506	5,414	12,386	4,858	23,164
All Others	---	202	2,441	7,548	10,191
Maximum Benefit:					
$ 300 - $ 399	---	---	264	---	264
500 - 599	---	67	---	1,583	1,650
600 - 699	---	37	916	---	953
700 - 799	---	---	---	1,364	1,364
1,000 - 1,099	---	---	666	---	666
1,200 - 1,299	---	---	---	650	650
1,400 - 1,499	---	50	---	---	50
1,500 - 1,599	---	---	---	1,782	1,782
2,000 - 2,099	---	48	103	---	151
2,400 - 2,499	---	---	---	869	869
4,500 - 4,599	---	---	---	1,300	1,300
5,000 - 5,099	---	---	152	---	152
$6,000 - $6,099	---	---	340	---	340

TABLE 44

Number of Employees with Basic Medical Expense Benefits
by Type of Benefit and Maximum Amount of Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	1,902	11,144	17,721	48,221	78,988
Maximum Amount of Benefit					
In-hospital	1,902	11,144	17,721	48,221	78,988
$ 5	68	472	1,414	---	1,954
6	18	52	214	---	284
7	11	689	573	---	1,273
8	13	494	528	650	1,685
9	119	450	118	8,000	8,687
10	474	2,356	3,261	19,302	25,393
11	93	78	436	---	607
12	22	265	---	11,381	11,668
$13 or more	755	3,015	5,391	4,258	13,419
Reasonable and customary	329	3,273	5,786	4,630	14,018
In-office	15	589	3,279	2,936	6,819
$ 8	---	139	---	---	139
9	---	---	118	---	118
10	---	68	103	569	740
12	---	25	---	---	25
$13 or more	15	63	1,231	889	2,198
Reasonable and customary	---	294	1,827	1,478	3,599
In-home	15	551	3,279	2,936	6,781
$ 6	---	67	---	---	67
7	---	---	---	---	---
8	---	140	---	---	140
9	---	---	118	---	118
10	---	---	103	569	672
11	---	---	---	---	---
12	---	25	---	---	25
$13 or more	15	25	1,231	889	2,160
Reasonable and customary	---	294	1,827	1,478	3,599

TABLE 45

Number of Employees with Basic Diagnostic X-ray Benefit
by Maximum Amount of Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	1,984	11,607	18,950	49,710	82,251
Maximum Amount of Benefit					
Single Limit					
$ 25	---	---	740	869	1,609
50	--	52	---	---	52
100	42	641	3,075	1,957	5,715
150	44	142	---	---	186
$200	11	314	570	3,481	4,376
More than $250	12	59	---	---	71
No limit	398	768	510	---	1,676
Overall Limit					
$ 25	---	---	---	8,000	8,000
50	28	169	1,111	1,364	2,672
75	---	251	---	---	251
100	525	3,038	3,344	10,158	17,065
150	109	938	872	9,986	11,905
200	600	2,322	2,895	12,839	18,656
$250	32	68	450	---	550
More than $250	183	879	752	506	2,320
No limit	---	1,966	4,631	550	7,147

TABLE 46

Distribution of Employees by Groups with 25 to 499 Lives for Selected Coverages, by Region and State[1/]

	Room & Board[2/]		Surgical[3/]		In-hospital[4/] Regular Medical		Diagnostic X-ray & Laboratory		Major Medical Number of Employees		
	No. of Employees	Average Daily Benefit	No. of Employees	Average Maximum	No. of Employees	Average Maximum	No. of Employees	Most Common Maximum	Total	Comprehensive	Supplementary
NEW ENGLAND	---	---	109	$3,240	685	$13	1,012	$200	4,058	1,974	2,084
Connecticut	---	---	59	4,800	416	14	572	200	1,731	589	1,142
Maine	---	---	50	1,400	---	--	114	100	267	225	42
Massachusetts	---	---	---	---	269	12	269	100	1,220	557	663
New Hampshire	---	---	---	---	---	--	---	---	478	443	35
Rhode Island	---	---	---	---	---	--	---	---	73	73	---
Vermont	---	---	---	---	---	--	57	200	289	87	202
MIDDLE ATLANTIC	---	---	3,023	$1,481	3,240	$11	3,849	$200	14,404	5,664	8,740
New Jersey	---	---	1,247	1,141	1,285	9	1,453	200	4,605	1,874	2,731
New York	---	---	604	1,719	823	14	1,239	100	6,037	2,777	3,260
Pennsylvania	---	---	1,172	1,720	1,132	12	1,157	200	3,762	1,013	2,749
EAST NO. CENTRAL	1,402	$183	6,079	$1,843	6,060	$13	7,152	$100	24,852	11,586	13,266
Illinois	816	90	2,474	1,987	2,279	10	2,361	100	9,111	5,766	3,345
Indiana	348	460	1,221	1,374	1,163	16	1,652	200	4,003	1,539	2,464
Michigan	---	---	91	1,631	442	13	405	200	3,552	1,787	1,765
Ohio	188	110	2,243	1,967	2,126	15	2,407	100	6,569	2,389	4,180
Wisconsin	50	50	50	1,000	50	5	327	200	1,617	105	1,512
WEST NO. CENTRAL	766	$ 88	2,547	$1,571	2,734	$12	3,307	$100	14,940	9,500	5,440
Iowa	172	50	199	1,173	199	5	386	100	1,622	218	1,404
Kansas	60	120	101	3,137	97	10	164	200	1,319	1,120	199
Minnesota	329	83	789	1,430	980	16	1,339	100	4,408	2,768	1,640
Missouri	68	130	863	1,990	863	13	863	100	4,947	3,468	1,479
Nebraska	137	113	595	1,018	595	10	555	100	1,639	1,044	595

1/ Excluding employees not coded for state.
2/ Excluding plans which provide a basic room and board benefit of full payment for ward or semiprivate accommodations.
3/ Excluding plans which provide a basic surgical benefit on a "reasonable and customary" basis.
4/ Excluding plans with no limit or overall maximum.

TABLE 46 (Continued)

Distribution of Employees by Groups with 25 to 499 Lives for Selected Coverages, by Region and State[1/]

	Room & Board[2/]		Surgical[3/]		In-hospital[4/] Regular Medical		Diagnostic X-ray & Laboratory		Major Medical Number of Employees		
	No. of Employees	Average Daily Benefit	No. of Employees	Average Maximum	No. of Employees	Average Maximum	No. of Employees	Most Common Maximum	Total	Comprehensive	Supplementary
WEST NO. CENTRAL (Continued)											
North Dakota	---	---	---	---	---	--	---	---	526	526	---
South Dakota	---	---	---	---	---	--	---	---	479	356	123
SOUTH ATLANTIC	82	$ 67	1,131	$2,571	1,292	$10	1,422	$100	18,814	15,436	3,378
Delaware	---	---	121	3,000	121	10	121	200	598	477	121
District of Columbia	---	---	54	2,481	28	10	54	100	429	195	234
Florida	---	---	136	1,600	136	7	136	75	6,137	6,001	136
Georgia	---	---	219	5,489	156	9	101	100	3,820	3,175	645
Maryland	---	---	173	1,706	225	11	296	200	1,084	584	500
North Carolina	52	60	212	1,392	45	15	133	100	2,801	2,342	459
South Carolina	30	80	68	1,465	433	10	433	100	1,640	1,177	463
Virginia	---	---	122	1,954	122	8	122	100	1,858	1,378	480
West Virginia	---	---	26	2,400	26	15	26	150	447	107	340
EAST SO. CENTRAL	114	$ 46	335	$2,030	211	$ 7	280	$200	6,523	5,737	786
Alabama	---	---	---	---	---	--	---	---	685	650	35
Kentucky	67	43	164	1,088	164	8	233	200	1,153	892	261
Mississippi	47	50	47	1,000	47	5	47	100	687	552	135
Tennessee	---	---	124	3,665	---	--	---	---	3,998	3,643	355
WEST SO. CENTRAL	714	$433	921	$2,243	1,439	$24	2,036	$100	15,609	11,894	3,715
Arkansas	72	126	72	2,442	47	10	72	200	798	582	216
Louisiana	---	---	78	1,536	225	9	728	250	1,643	1,213	430
Oklahoma	---	---	28	1,600	28	10	28	50	1,734	1,706	28
Texas	642	467	743	2,322	1,139	27	1,208	100	11,434	8,393	3,041

1/ Excluding employees not coded for state.
2/ Excluding plans which provide a basic room and board benefit of full payment for ward or semiprivate accommodations.
3/ Excluding plans which provide a basic surgical benefit on a "reasonable and customary" basis.
4/ Excluding plans with no limit or overall maximum.

TABLE 46 (Continued)

Distribution of Employees by Groups with 25 to 499 Lives for Selected Coverages, by Region and State[1/]

	Room & Board[2/]		Surgical[3/]		In-hospital[4/] Regular Medical		Diagnostic X-ray & Laboratory		Major Medical Number of Employees		
	No. of Employees	Average Daily Benefit	No. of Employees	Average Maximum	No. of Employees	Average Maximum	No. of Employees	Most Common Maximum	Total	Comprehensive	Supplementary
MOUNTAIN	486	$ 70	654	$1,549	513	$ 6	698	$ 50	6,211	5,120	1,091
Arizona	68	90	209	3,817	68	8	68	250	1,870	1,729	141
Colorado	---	---	27	2,800	27	15	27	200	2,543	2,266	277
Idaho	---	---	---	---	---	--	---	---	58	58	---
Montana	48	45	48	600	48	7	48	100	101	53	48
Nevada	---	---	---	---	---	--	---	---	318	318	---
New Mexico	370	70	370	300	370	5	555	50	839	284	555
Utah	---	---	---	---	---	--	---	---	427	357	70
Wyoming	---	---	---	---	---	--	---	---	55	55	---
PACIFIC	324	$ 58	1,197	$1,487	961	$14	1,236	$150	14,476	21,500	1,976
Alaska	---	---	---	---	---	--	---	---	56	56	---
California	242	40	954	1,131	775	13	1,087	150	12,769	11,203	1,566
Hawaii	---	---	---	---	---	--	---	---	281	281	---
Oregon	---	---	67	1,000	67	10	67	200	486	252	234
Washington	82	110	176	3,601	119	22	82	150	884	708	176
TOTAL U.S.	4,068	$172	15,996	$1,780	17,135	$13	20,992	$100	119,887	79,411	40,476

1/ Excluding employees not coded for state.
2/ Excluding plans which provide a basic room and board benefit of full payment for ward or semiprivate accommodations.
3/ Excluding plans which provide a basic surgical benefit on a "reasonable and customary" basis.
4/ Excluding plans with no limit or overall maximum.

TABLE 47

Number of Employees with Comprehensive Major Medical Coverage
by Type of Surgical Benefit, Coinsurance Rate,
Maximum Amount of Benefit, and
Maximum Limit on Out-of-Pocket Expenses

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	**18,217**	**42,030**	**37,381**	**135,903**	**233,531**
Major Medical Type					
Benefit on unscheduled basis	16,099	39,274	34,957	135,903	226,233
Benefit on scheduled basis	2,118	2,756	2,424	---	7,298
Coinsurance Rate*					
80%	17,398	40,266	34,516	132,608	224,788
All others	819	1,764	2,865	3,295	8,743
Maximum Amount of Benefit					
$ 10,000	16	349	1,149	4,087	5,601
20,000	19	---	112	1,250	1,381
50,000	11	---	587	8,900	9,498
100,000	7	128	753	4,800	5,688
250,000	92	824	2,223	4,883	8,022
250,001 - 999,999	52	337	1,493	567	2,449
$1,000,000 and over	12,978	26,891	16,590	56,019	112,478
Unlimited	5,042	13,501	14,474	55,397	88,414
Maximum Limit on Out-of-Pocket Expenses in Benefit Year					
Less than $500	999	1,573	2,928	2,315	7,815
$ 500 - 999	11,760	22,871	15,428	91,804	141,863
1,000	1,370	5,610	3,298	4,396	14,674
1,001 - 1,499	569	831	1,725	707	3,832
1,500	141	591	329	---	1,061
1,501 - 1,999	---	186	---	---	186
2,000	292	1,907	777	---	2,976
2,001 - 4,999	968	1,779	3,199	6,250	12,196
$5,000 or more	177	384	1,299	1,800	3,660
No limit	1,941	6,298	8,398	28,631	45,268

* Exclusive of full payment area

TABLE 48

Number of Employees with Comprehensive Major Medical Coverage
by Type and Amount of Deductible, Deductible Accumulation
Period and Length of Benefit Period

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	18,217	42,030	37,381	135,903	233,531
Type of Deductible					
Single deductible	14,053	29,668	29,132	39,051	111,904
Less than $100	48	672	2,306	3,160	6,186
$100	12,325	24,030	19,713	28,951	85,019
150	242	477	680	1,233	2,632
200 - 250	612	1,613	2,870	4,457	9,552
300	231	638	880	---	1,749
$500 or more	595	2,238	2,683	1,250	6,766
Separate deductible types					
Hospital/other	1,655	4,401	2,192	42,048	50,296
$0/50	150	502	470	667	1,789
0/100	1,367	3,349	1,562	37,258	43,536
$0/more than $100	138	550	160	4,123	4,971
Hospital and surgical/other	701	2,366	1,789	7,000	11,856
$0/50	---	45	---	---	45
0/100	688	2,056	1,789	7,000	11,533
$0/more than $100	13	265	---	---	278
Other separate deductible types	1,808	5,595	4,268	47,804	59,475
Deductible Accumulation Period					
Less than 3 months	198	1,147	2,629	18,916	22,890
3 months	22	128	---	---	150
6 months	17	---	---	---	17
1 year	17,943	40,201	33,794	116,987	208,925
more than 1 year	13	455	761	---	1,229
no deductible	24	99	197	---	320
Length of Benefit Period					
Less than 1 year	26	357	1,149	---	1,532
1 year	18,167	41,673	36,232	135,903	231,975
No time limit	24	---	---	---	24

TABLE 49

Number of Employees with Comprehensive Major Medical Coverage
by Amount of Covered Expenses Subject to Full Reimbursement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	18,217	42,030	37,381	135,903	233,531
No full payment area	14,766	31,107	25,624	91,019	162,516
Full payment areas	3,451	10,923	11,757	44,884	71,015
Hospital room and board only	162	361	210	13,000	13,733
$5,000	24	30	210	---	264
More than $10,000	105	298	---	---	403
No full payment area	33	33	---	13,000	13,066
Hospital miscellaneous only	248	1,037	---	---	1,285
All Hospital	1,744	6,056	4,463	18,995	31,258
$ 500	10	38	409	5,467	5,924
1,000	132	382	732	---	1,246
2,000	387	1,718	1,049	5,810	8,964
3,000	52	58	195	595	900
4,000	17	315	---	---	332
5,000	423	1,423	711	7,123	9,680
$10,000	67	178	159	---	404
More than $10,000	536	1,614	1,086	---	3,236
No full payment area	120	330	122	---	572
Surgical only - Scheduled basis	10	---	---	2,500	2,510
$3,000	---	---	---	2,500	2,500
No full payment area	10	---	---	---	10
Surgical only - Nonscheduled basis	14	136	908	1,897	2,955
Less than $5,000	---	67	908	1,897	2,872
$5,000 or more	14	69	---	---	83
All hospital plus surgical - scheduled basis	332	953	2,046	---	3,331
$2,000	---	323	699	---	1,022
4,000	13	98	463	---	574
5,000	175	418	608	---	1,201
$7,500	144	114	---	---	258
More than $10,000	---	---	276	---	276

TABLE 49 (Continued)

Number of Employees with Comprehensive Major Medical Coverage
by Amount of Covered Expenses Subject to Full Reimbursement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
All hospital plus surgical - non-scheduled basis	941	2,380	4,130	8,492	15,943
$ 500	12	69	449	1,233	1,763
1,000	---	59	---	1,080	1,149
2,000	147	1,026	804	4,087	6,064
3,000	11	261	127	---	399
4,000	---	---	473	---	473
5,000	---	115	1,132	---	1,247
$10,000	---	---	---	2,092	2,092
More than $10,000	701	667	948	---	2,316
No full payment area	70	173	197	---	440

TABLE 50

Number of Employees with Comprehensive Major Medical Coverage
by Type of Daily Room and Board Limit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	18,217	42,030	37,381	135,903	233,531
Without daily room and board limit	944	1,575	2,781	5,660	10,960
With daily room and board limit	17,273	40,455	34,600	130,243	222,571
Private only	8,455	17,715	21,229	100,264	147,663
Less than $50	24	---	---	---	24
$70 - 79	---	33	---	---	33
$100 or more	---	58	---	---	58
Average ward rate	---	35	175	---	210
Average ward rate plus a dollar amount	---	40	---	---	40
Average semiprivate rate	4,559	12,274	16,303	78,541	111,677
Average semiprivate rate plus a dollar amount	2,217	3,031	3,393	21,723	30,364
Other	1,635	2,244	1,358	---	5,237
No limit	20	---	---	---	20
Semiprivate and private	6,065	19,041	11,287	29,219	65,612
Less than $50	3	119	---	---	122
$ 60 - $69	3	---	---	---	3
70 - 79	6	---	---	---	6
80 - 89	7	---	---	---	7
90 - 99	15	---	---	---	15
$100 or more	65	208	246	---	519
Average ward rate	20	---	---	---	20
Average semiprivate rate	4,768	16,096	8,876	25,590	55,330
Average semiprivate rate plus a dollar amount	---	1,102	1,580	2,922	5,604
Other	---	53	435	707	1,195
No limit	1,178	1,463	150	---	2,791
All accommodations	2,753	3,699	2,084	760	9,296
Less than $50	---	65	---	---	65
$ 80 - 89	27	---	---	---	27
90 - 99	104	---	111	---	215
$100 or more	781	529	---	---	1,310
Average semiprivate rate	1,837	3,030	1,973	760	7,600
Average semiprivate rate plus a dollar amount	---	75	---	---	75
No limit	4	---	---	---	4

TABLE 51

Number of Employees with Comprehensive Major Medical Coverage
by Type of Nervous or Mental Disorder Benefits

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	18,217	42,030	37,381	135,903	233,531
Disorders Not Covered	391	1,691	939	---	3,021
Disorders Covered for Full Plan Benefits	10,619	23,500	25,890	80,074	140,083
Whether or not confined in hospital	164	451	591	---	1,206
While confined in hospital with reduced or limited benefits while not confined in hospital	10,374	22,946	23,696	74,216	131,232
While confined in hospital only	---	103	686	4,058	4,847
While confined in hospital or totally disabled outside of hospital but with reduced or limited benefits if out of hospital and not totally disabled	81	---	917	1,800	2,798
Disorders Covered for Reduced or Limited Benefits	7,207	16,839	10,552	55,829	90,427
Whether or not confined in hospital	7,207	16,839	10,552	55,829	90,427

TABLE 52

Number of Employees with Supplementary Major Medical Coverage
by Type of Surgical Benefit, Coinsurance Rate,
Maximum Amount of Benefit, and Maximum Limit on Out-of-Pocket Expenses

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,924	16,608	23,868	78,645	123,045
Major Medical Type					
Corridor deductible superimposed on reporting company's basic plan	2,082	11,719	17,719	37,692	69,212
Corridor deductible superimposed on another carrier's basic plan	1,571	3,779	2,879	11,973	20,202
Integrated deductible superimposed on reporting company's basic plan	---	816	2,916	17,067	20,799
Integrated deductible superimposed on another carrier's basic plan	271	294	354	11,913	12,832
Coinsurance Rate*					
80%	3,014	14,801	21,909	69,445	109,169
All others	910	1,807	1,959	9,200	13,876
Maximum Amount of Benefit					
$ 10,000	3	121	543	---	667
20,000	---	48	752	1,898	2,698
50,000	---	27	833	10,219	11,079
100,000	---	430	1,664	---	2,094
250,000	47	740	4,390	10,653	15,830
250,001 - 999,999	20	147	1,227	19,887	21,281
$1,000,000 and over	2,988	10,796	6,569	33,805	54,158
Unlimited	866	4,299	7,890	2,183	15,238
Maximum Limit on Out-of-Pocket Expenses in Benefit Year					
Less than $500	1,038	2,184	1,483	2,900	7,605
$ 500 - 999	2,501	9,434	7,248	19,660	38,843
1,000	45	802	1,121	15,950	17,918
1,001 - 1,499	24	779	1,235	---	2,038
1,500	---	---	335	950	1,285
1,501 - 1,999	---	101	601	---	702
2,000	---	600	1,221	2,704	4,525
2,001 - 4,999	110	1,259	2,576	13,699	17,644
$5,000 or more	---	283	1,263	2,253	3,799
No limit	206	1,166	6,785	20,529	28,686

* Exclusive of full-payment area.

TABLE 53

Number of Employees with Supplementary Major Medical Coverage
by Amount of Deductible, Deductible Accumulation Period
and Length of Benefit Period

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,924	16,608	23,868	78,645	123,045
Type of Deductible					
Single deductible	3,055	15,113	23,023	66,082	107,273
$ 50	33	569	1,815	9,550	11,967
75	---	---	246	13,972	14,218
100	2,921	14,112	19,192	39,942	76,167
$150 and over	101	432	1,770	2,618	4,921
Separate deductible types	869	1,495	845	12,563	15,772
Hospital/other					
$0/100	518	730	151	---	1,399
Hospital and surgical/other					
$0/100	31	75	---	---	106
$0/300	---	---	153	---	153
Other separate deductible types	320	690	541	12,563	14,114
Deductible Accumulation Period					
Less than 3 months	17	229	474	10,400	11,120
3 months	4	---	---	---	4
6 months	---	38	244	---	282
1 year	3,888	16,054	21,797	67,356	109,095
More than 1 year	15	287	1,353	889	2,544
Length of Benefit Period					
Less than 1 year	---	28	223	---	251
1 year	3,924	16,542	23,645	78,645	122,756
More than 1 year	---	38	---	---	38

TABLE 54

Number of Employees with Supplementary Major Medical Coverage
by Type and Amount of Daily Room and Board Limit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,924	16,608	23,868	78,645	123,045
Without daily room and board limit	35	308	2,088	2,900	5,331
With daily room and board limit	3,889	16,300	21,780	75,745	117,714
Private only	2,146	8,391	12,623	49,008	72,168
$99 - $99	---	---	---	1,364	1,364
$100 or more	---	---	155	---	155
Average semiprivate rate	1,155	4,687	9,302	28,274	43,418
Average semiprivate rate plus a dollar amount	359	1,822	2,800	16,470	21,451
Other	632	1,882	366	2,900	5,780
Semiprivate and private	571	3,559	7,303	20,265	31,698
Less than $50	---	67	---	---	67
$ 50 - $59	---	48	---	---	48
90 - 99	20	---	---	---	20
$100 or more	13	---	---	---	13
Average semiprivate rate	458	2,716	5,885	16,507	25,566
Average semiprivate rate plus a dollar amount	---	316	402	889	1,607
Other	---	236	770	2,000	3,006
No limit	80	176	246	869	1,371
All accommodations	1,172	4,350	1,854	6,472	13,848
Less than $50	---	40	---	---	40
$ 50 - $59	10	---	---	---	10
80 - 89	28	64	---	---	92
90 - 99	25	---	---	---	25
$100 or more	333	31	153	---	517
Average semiprivate rate	776	4,162	1,701	6,472	13,111
Average semiprivate rate plus a dollar amount	---	53	---	---	53

TABLE 55

Number of Employees with Supplementary Major Medical Coverage
by Type of Nervous or Mental Disorder Benefits

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,924	16,608	23,868	78,645	123,045
Disorders Not Covered	209	697	1,432	---	2,338
Disorders Covered for Full Plan Benefits	2,170	9,638	16,877	27,922	56,607
Whether or not confined in hospital	---	96	740	2,958	3,794
While confined in hospital with reduced or limited benefits while not confined in hospital	2,170	9,465	15,174	22,320	49,129
While confined in hospital only	---	77	419	---	496
While confined in hospital or totally disabled outside of hospital but with reduced or limited benefits if out of hospital and not totally disabled	---	---	544	2,644	3,188
Disorders Covered for Reduced or Limited Benefits	1,545	6,273	5,559	50,723	64,100
Whether or not confined in hospital	1,545	6,273	4,989	49,245	62,052
While confined in hospital only	---	---	570	1,478	2,048

TABLE 56

Number of Employees with Nursing Home or Extended Care Facility Coverage
by Maximum Daily Benefit and Maximum Number of Days of Hospital Confinement

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	16,713	38,729	38,463	154,173	248,078
Maximum Daily Benefit	10,254	22,106	20,945	98,431	151,736
$10 - $19	---	28	---	869	897
20 - 29	76	499	---	2,808	3,383
30 - 39	6,262	9,179	16,508	50,325	82,274
40 - 49	458	2,935	1,355	12,429	17,177
50 - 59	2,095	5,499	2,309	32,000	41,903
60 - 69	718	2,177	553	---	3,448
70 - 79	279	778	102	---	1,159
80 - 89	208	882	---	---	1,090
$90 - $99	158	129	118	---	405
Semiprivate Charge	3,368	11,342	14,566	51,742	81,018
All Others	3,091	5,281	2,952	4,000	15,324
Maximum Number of Days					
Less than 30	1,032	463	---	---	1,495
30 - 59	106	3,015	3,640	44,085	50,846
60 - 79	4,742	13,758	14,765	49,014	82,279
90 - 109	3,391	5,942	4,253	6,373	19,959
120 - 169	3,899	6,367	7,374	37,259	54,899
180 - 329	1,276	2,075	2,336	12,782	18,469
360 or more	2,267	7,109	6,095	4,660	20,131

TABLE 57

Number of Employees with Home Health Care Coverage
in Lieu of Hospitalization or Confinement
in an Extended Care Facility

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	22,188	59,689	64,261	220,285	366,423
Not Covered	11,626	40,616	46,844	126,997	226,083
Services Covered	10,562	19,073	17,417	93,288	140,340
Physician Services Only	---	---	153	---	153
Physician and Nursing Services Only	11	---	525	---	536
Physician and Therapy Services Only	1,035	1,033	1,612	704	4,384
Physician, Nursing and Therapy Services	9,504	17,894	14,561	92,584	134,543
Therapy Services Only	12	146	566	---	724

TABLE 58

Number of Employees with Cost Containment Features Contained in a Medical Care Package, by Type of Feature

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	22,188	59,689	64,261	220,285	366,423
Prescription Drug Reimbursement					
Generic drugs only	---	---	1,050	630	1,680
Higher reimbursement rate for generic drugs	169	538	488	---	1,195
Same reimbursement rate generic and brand-name drugs	19,894	53,503	53,678	208,887	335,962
Not covered	2,125	5,648	9,045	10,768	27,586
Second-Opinion for Non-emergency Surgery					
Second opinion only covered:					
Required	---	62	151	11,913	12,126
Surgery reimbursed at higher rate if second opinion obtained	---	267	1,240	6,215	7,722
No difference in reimbursement	7,218	21,181	11,272	62,629	102,300
Third opinion covered:					
At least second opinion required	---	---	360	---	360
Surgery reimbursed at higher rate if second opinion obtained	---	197	246	569	1,012
No difference in reimbursement	10,210	21,495	30,204	94,776	156,685
Not covered	4,760	16,487	20,788	44,183	86,218
Out-Patient Surgery					
Reimbursed at higher percentage than in-hospital	462	1,997	1,992	1,583	6,034
Reimbursed at same percentage as in-hospital	19,496	51,307	57,457	214,998	343,258
Not covered	2,230	6,385	4,812	3,704	17,131

TABLE 58 (Continued)

Number of Employees with Cost Containment Features Contained in a Medical Care Package, by Type of Feature

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Pre-Admission Testing					
Covered	15,921	43,308	52,702	195,166	307,097
Not covered	6,267	16,381	11,559	25,119	59,326
Para-Medical Services					
Covered	6,469	13,803	8,705	53,501	82,478
Not covered	15,719	45,886	55,556	166,784	283,945
Hospice or Terminal Illness Center Care in Lieu of Hospitalization					
Reimbursed at same percentage as hospital confinement	2,005	7,445	11,789	68,876	90,115
Reimbursed at lower percentage than hospital confinement	4,090	10,707	18,976	57,025	90,798
Not covered	16,093	41,537	33,496	94,384	185,510

TABLE 59

Number of Employees with Dental Insurance Coverage by Type of Plan

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	4,838	20,200	35,288	138,805	199,131
Schedule Benefit -- dollar limit on dental expenses for each procedure performed	68	116	548	7,162	7,894
Combination -- schedule dollar limit on dental expenses plus a deductible on some or all types of dental expenses. Eligible expenses reimbursed at 100% or some other rate of reimbursement	1,331	4,230	7,066	54,441	67,068
Comprehensive -- coinsurance on covered expenses after an initial deductible with a maximum annual benefit of:					
Less than $250	106	536	375	3,252	4,269
$ 250 - 499	20	---	---	---	20
500 - 749	144	252	1,680	7,403	9,479
750 - 999	431	1,534	909	4,605	7,479
1,000 - 1,999	2,572	12,233	22,322	48,206	85,333
$2,000 or more	53	624	1,752	869	3,298
No limit	113	675	636	12,867	14,291

TABLE 60

Number of Employees with Intensive Care Accommodation Benefits Contained in a Medical Care Package by Maximum Daily Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	22,188	59,689	64,261	220,285	366,423
Maximum Daily Benefit					
Less than $100	---	309	293	---	602
$100 - $119	10	---	---	---	10
120 - 139	12	---	---	---	12
160 - 179	---	48	153	---	201
180 - 199	17	36	---	---	53
200 - 299	804	1,218	597	610	3,229
$300 or more	3,792	7,577	4,952	2,614	18,935
Same as hospital daily room and board benefits	11,164	31,329	41,938	128,413	212,844
No limit	6,389	19,172	16,328	88,648	130,537

TABLE 61

Number of Employees with Continuation Plans Contained in a Medical Care Package by Type of Plan and Type of Coverage

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	22,574	63,622	74,332	301,999	462,527
Type of Continuation Plans					
Continuation available by conversion only:	18,962	46,159	44,984	125,800	235,905
1. for all terminations	12,187	26,375	30,245	100,309	169,116
2. for terminations other than retirement	6,298	16,647.	10,142	24,787	57,874
3. for retirement only	477	3,137	4,597	704	8,915
Continuation available under group plan at retirement only	87	52	---	1,478	1,617
Continuation available under group plan at retirement or by conversion for all terminations	2,197	5,902	7,644	44,802	60,545
Continuation available under group plan at retirement or by conversion for other than retirement	349	4,226	9,058	40,216	53,849
Continuation available both under group plan or by conversion to an individual policy at retirement only	4	71	186	---	261
No provision for continuation	975	7,212	12,460	89,703	110,350

TABLE 61 (Continued)

Number of Employees with Continuation Plans Contained
in a Medical Care Package by Type of Plan and Type of Coverage

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Type of Coverage					
Under individual policy of conversion	22,574	63,622	74,332	301,999	462,527
Hospital or surgical only	72	74	413	889	1,448
Hospital and surgical only	5,781	23,430	18,278	76,095	123,584
Hospital and surgical and medical only	6,994	14,530	11,006	16,214	48,744
Surgical and medical only	124	561	118	---	803
Some form of basic coverage and supplementary major medical	3,411	8,283	18,414	32,573	62,681
Comprehensive major medical	5,130	9,480	13,643	85,047	113,300
None	1,062	7,264	12,460	91,181	111,967
Under group continuation plan for retirees	22,574	63,622	74,332	301,999	462,527
Supplementary to Medicare	2,637	9,795	15,505	86,496	114,433
Not supplementary to Medicare	---	456	1,383	---	1,839
None	19,937	53,371	57,444	215,503	346,255

TABLE 62

Number of Employees with Short-Term* Disability Income Coverage by Day of Commencement of Benefit for Accident and Sickness and Duration of Benefit Period

		Size of Group				
		Less than 25	25-99	100-499	500 or more	Total
Total Employees		3,691	15,897	21,050	94,242	134,880
Commencement of Benefit for:						
Accident (day)	Sickness (day)					
13-Week Duration Plans		306	2,711	4,842	16,905	24,764
1	1	61	53	402	---	526
1	4	233	1,906	3,349	14,956	20,444
8	8	---	290	898	1,949	3,137
14	14	12	356	193	---	561
All others		---	96	---	---	96
26-Week Duration Plans		3,259	12,273	14,358	63,793	93,683
1	1	226	729	1,497	950	3,402
1	4	11	39	---	---	50
1	8	2,712	9,937	9,009	19,814	41,472
1	14	16	128	658	505	1,307
8	8	127	551	1,448	41,046	43,172
14	14	167	826	1,746	---	2,739
All others		---	63	---	1,478	1,541
52- and 104-Week Duration Plans		126	913	1,850	13,544	16,433
1	1	27	151	134	---	312
1	8	83	561	682	577	1,903
8	8	---	67	---	---	67
All others		16	134	1,034	12,967	14,151

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 364 employees covered under a 104-week plan.

TABLE 63

Number of Employees with Short-Term* Disability Income Coverage
by Maximum Amount of Weekly Income Provided

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,691	15,897	21,050	94,242	134,880
13-Week Plans	306	2,711	4,842	16,905	24,764
Less than $70	84	215	1,250	650	2,199
$ 70 - $ 89	---	398	611	1,583	2,592
90 - 109	46	343	929	869	2,187
110 - 129	10	103	668	---	781
150 - 169	---	428	---	---	428
170 - 199	---	---	---	4,800	4,800
200 - 249	61	309	150	8,453	8,973
250 - 299	15	270	514	---	799
$300 or more	90	645	720	550	2,005
26-Week Plans	3,259	12,273	14,358	63,793	93,683
Less than $70	412	2,064	1,873	38,428	42,777
$ 70 - $ 89	147	587	2,028	1,814	4,576
90 - 109	646	2,116	2,087	1,046	5,895
110 - 129	130	719	1,405	1,400	3,654
130 - 149	5	395	933	---	1,333
150 - 169	376	1,622	728	17,700	20,426
170 - 199	39	43	209	---	291
200 - 249	326	1,217	1,472	3,405	6,420
250 - 299	358	1,348	1,516	---	3,222
$300 or more	820	2,162	2,107	---	5,089
52- and 104-Week Plans	126	913	1,850	13,544	16,433
Less than $70	---	61	---	---	61
$ 70 - $ 89	---	67	---	---	67
90 - 109	10	115	463	---	588
110 - 129	---	227	---	577	804
130 - 149	---	---	370	---	370
150 - 169	---	97	---	---	97
200 - 249	41	86	571	630	1,328
250 - 299	13	151	446	---	610
$300 or more	62	109	---	12,337	12,508

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 364 employees covered under a 104-week plan.

TABLE 64

Number of Employees with Short-Term* Disability Income Coverage
by Average Amount of Weekly Income Provided

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,691	15,897	21,050	94,242	134,880
13-Week Plans	306	2,711	4,842	16,905	24,764
Less than $40	77	666	689	1,200	2,632
$ 40 - $ 59	41	180	931	---	1,152
60 - 79	18	273	1,242	2,452	3,985
80 - 99	40	552	726	---	1,318
110 - 119	12	233	605	---	850
120 - 139	---	140	209	3,250	3,599
140 - 159	45	140	193	---	378
160 - 179	39	64	---	5,880	5,983
180 - 199	17	235	---	---	252
$200 or more	17	228	247	4,123	4,615
26-Week Plans	3,259	12,273	14,358	63,793	93,683
Less than $40	1,382	3,211	4,826	9,438	18,857
$ 40 - $ 59	34	1,002	521	32,000	33,557
60 - 79	184	981	2,103	3,450	6,718
80 - 99	278	1,737	1,378	---	3,393
110 - 119	263	1,122	2,304	---	3,689
120 - 139	243	1,075	1,484	505	3,307
140 - 159	457	948	590	15,500	17,495
160 - 179	124	590	637	---	1,351
180 - 199	38	806	---	---	844
$200 or more	256	801	515	2,900	4,472
52- and 104-Week Plans	126	913	1,850	13,544	16,433
Less than $40	89	207	134	---	430
$ 80 - $ 99	---	157	463	---	620
110 - 119	14	199	370	---	583
120 - 139	---	182	312	577	1,071
140 - 159	13	142	571	630	1,356
$200 or more	10	26	---	12,337	12,373

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 364 employees covered under a 104-week plan.

TABLE 65

Number of Employees with Short-Term* Disability Income Coverage
by Percentage of Income Provided

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	3,691	15,897	21,050	94,242	134,880
13-Week Plans	306	2,711	4,842	16,905	24,764
Less than 20%	---	111	106	---	217
20-30%	---	65	152	---	217
35-45%	40	128	---	---	168
50%	---	32	1,349	3,532	4,913
60%	76	728	858	550	2,212
66-67%	112	1,148	1,860	12,823	15,943
70%	78	499	345	---	922
100%	---	---	172	---	172
26-Week Plans	3,259	12,273	14,358	63,793	93,683
Less than 20%	211	870	1,371	1,455	3,907
20-30%	79	292	320	---	691
35-40%	4	134	---	---	138
50%	67	580	2,929	2,296	5,872
55%	---	46	250	---	296
60-63%	880	3,042	4,186	12,000	20,108
66-67%	1,342	5,476	4,907	14,642	26,367
70%	676	1,763	395	33,400	36,234
75%	---	70	---	---	70
52- and 104-Week Plans	126	913	1,850	13,544	16,433
40%	---	63	---	---	63
50%	---	38	463	---	501
60%	14	310	753	---	1,077
66-67%	54	476	264	1,207	2,001
70%	58	26	370	12,337	12,791

* Short-Term applies to benefit durations of up to two years, but most frequently 13, 26 or 52 weeks. This sample includes 364 employees covered under a 104-week plan.

TABLE 66

Number of Employees with Long-Term* Disability Income Coverage
by Commencement and Duration of Benefit Period, and
Maximum and Average Monthly Income Benefit

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	597	3,993	14,667	28,376	47,633
Commencement of Benefit Period					
First day	---	---	390	1,782	2,172
30 days or 1 month	35	261	274	---	570
60 days or 2 months	16	120	533	1,300	1,969
90 days or 3 months	109	1,860	5,636	5,679	13,284
180 days or 6 months	437	1,643	7,462	7,278	16,820
All others	---	109	372	12,337	12,818
Duration of Benefit Period					
Accident / Sickness					
2 years / 2 years	209	497	1,260	1,782	3,748
5 years / 5 years	---	---	---	1,583	1,583
To age 65 / 2 years	---	51	---	---	51
To age 65 / 5 years	---	---	168	---	168
To age 65 / To age 65	388	3,256	13,027	25,011	41,682
To age 65 / Lifetime	---	66	212	---	278
Lifetime / To age 65	---	123	---	---	123
Maximum Monthly Benefit					
Less than $500	6	---	---	---	6
$ 500 - 749	---	109	---	---	109
750 - 999	2	---	---	---	2
1,000 - 1,249	5	258	1,007	---	1,270
1,250 - 1,499	29	49	525	---	603
1,500 - 1,749	381	621	2,582	19,058	22,642
1,750 - 1,999	14	27	110	---	151
2,000 - 2,249	105	1,539	1,610	569	3,823
$2,250 or more	55	1,390	8,833	8,749	19,027

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 66 (Continued)

Number of Employees with Long-Term* Disability Income Coverage
by Commencement and Duration of Benefit Period, and
Maximum and Average Monthly Income Benefit

Average Monthly Benefit					
Less than $200	---	---	133	---	133
$200 - $299	---	---	330	1,782	2,112
300 - 399	16	58	214	---	288
400 - 499	16	---	---	---	16
500 - 599	163	972	7,258	6,386	14,779
600 - 699	25	147	411	---	583
700 - 799	202	863	1,046	13,538	15,649
800 - 899	21	327	1,018	998	2,364
$900 or more	154	1,626	4,257	5,672	11,709

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 67

Number of Employees with Long-Term* Disability Income Coverage
by Definition of Total Disability and Coverage for Partial Disability

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	597	3,993	14,667	28,376	47,633
Definition of Disability					
Inability to engage in one's occupation throughout the period of disability	194	692	1,260	1,782	3,923
Inability to engage in one's occupation for an initial period and inability to engage in any occupation for which reasonably suited by education, training or experience for the remainder of the benefit period	382	3,169	13,136	12,107	28,794
Inability to engage in any occupation for which reasonably suited by education, training or experience	10	132	125	14,487	14,754
Inability to engage in any gainful occupation	11	---	146	---	157
Coverage for Partial Disability					
Covered only if preceded by a period of total disability	117	876	2,972	3,423	7,388
Covered throughout the benefit period	198	334	1,194	---	1,726
Not covered	282	2,783	10,501	24,953	38,519

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

TABLE 68

Number of Employees with Long-Term* Disability Income Coverage by Percentage of Income Provided, Offset Provisions and Payment for Rehabilitation

	Size of Group				
	Less than 25	25-99	100-499	500 or more	Total
Total Employees	597	3,993	14,667	28,376	47,633
Percent of Income Provided					
25%	---	---	---	12,337	12,337
50%	28	366	2,008	1,300	3,702
60%	398	2,643	9,833	12,583	25,457
66-67%	140	842	2,826	2,156	5,964
70%	31	142	---	---	173
Offset Provisions					
Total Social Security benefit (or percentage thereof) only	56	1,524	1,350	3,164	6,094
Primary Social Security benefit (or percentage thereof) only	271	722	2,254	1,782	5,029
All government disability plans	88	780	5,744	5,158	11,770
All government and private disability plans	182	890	5,319	18,272	24,663
None	---	77	---	---	77
Payment for Rehabilitation					
Paid only if under physician's care	153	849	2,922	16,727	20,651
Paid if prescribed by physician but only if provided by physician or rehabilitation specialist	354	1,246	4,520	5,682	11,802
Paid if prescribed by physician and provided at nonmedical facility	25	78	688	---	791
Not covered	65	1,820	6,537	5,967	14,389

* Long-Term applies to benefit durations of two years or more, but most frequently five years or longer.

The following 33 companies contributed data:

Aetna Life and Casualty
American Mutual Liability Insurance Co.
Bankers Life Company
Benefit Trust Life Insurance Company
Business Men's Assurance Co. of America
Connecticut General Life Insurance Co.
Equitable Life Assurance Society of U.S.
General American Life Insurance Co.
Great American Reserve Insurance Co.
Guardian Life Insurance Co. of America
Hartford Insurance Group
Life Insurance Company of Georgia
Life Insurance Company of North America
Lincoln National Life Insurance Co.
Massachusetts Mutual Life Insurance Co.
Metropolitan Life Insurance Company
Mutual Benefit Life Insurance Company
Mutual Life Insurance Company of New York
Nationwide Mutual Insurance Company
Northwestern National Life Insurance Co.
Occidental Life Insurance Co. of California
Pacific Mutual Life Insurance Company
Paul Revere Life Insurance Company
Penn Mutual Life Insurance Company
Pilot Life Insurance Company
Provident Life & Accident Insurance Co.
Provident Mutual Life Insurance Company
Prudential Insurance Company of America
Southwestern Life Insurance Company
The Travelers Insurance Company
Union Labor Life Insurance Company
United Pacific Life Insurance Company
Woodmen Accident and Life Company

The participants wrote more than 63% of the group health insurance premiums written by insurance companies in the United States in 1980.